

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	1					
14	1					
15	1					
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TOTAL IND.

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TOTAL DEP.

46

TOTAL CLAIMS

118

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	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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